

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579404

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9	/		/			
10		1		1		
11		2		1		
12		2		1		
13	/		/			
14		1		1		
15		2		1		
16		2		1		
17		2		1		
18	/		/			
19	/		/			
20		1		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26	/		/			
27		1		1		
28		2		1		
29		2		1		
30	/		/			
31		1		1		
32		2		1		
33		2		1		
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50						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						